



New Jersey Department of Children and Families Policy Manual

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Identifying a Provider 1-29-96

The Resource Development Specialist (RDS) is responsible for maintaining a file of mental health practitioners and community mental health centers which, through use by field staff, have proven to be effective in serving the needs of CP&P clients in the county of service.

For each provider listed in the resource file include, at a minimum:

- A statement as to whether the provider has entered into a contract or an affiliation agreement with CP&P;
- A statement as to the provider's specific skills and expertise (e.g., provider has extensive experience working with physically abused children and their parents; psychologist specializes in adolescent-parent conflict resolution);
- Documentation of the provider's credentials;
- A statement as to the source(s) of payment which the provider will accept (e.g., provider accepts Medicaid, private health insurance, or payment determined on a sliding scale).

Workers are encouraged to consult with the RDS and/or this file before initiating a referral for mental health services to a provider who they do not know or have not worked with previously. The Worker later provides feedback to the RDS about the degree of satisfaction found with the services rendered by the provider. The RDS, in turn, shares local field staff's assessment of the contract provider's performance with the Area Office Contract Unit, who may provide feedback to the provider when monitoring/renewing the contract.

In addition, county Resource Development Specialists are encouraged to share local mental health service resource/provider information with other/neighborhood county field offices, for possible use by staff from those CP&P offices.

For a description of mental health services, activities, and CP&P payment rates, see Fiscal Manual, [CP&P-IX-F-3-120](#), "Psychological/Therapeutic Services."

Ongoing Demand for vs. Limited Use of a Provider 2-21-97

Local level CP&P staff (LO) define the demand for a specific mental health service. Local level staff or Area Office Contract Unit staff identify a provider(s) who can address that service need.

When there is an ongoing demand/need for the services of a specific mental health service provider, CP&P enters into an open purchase contract with the provider. The contract is negotiated by Area Office Contract Unit staff, who are responsible for:

- Verifying the provider's credentials;
- Establishing reimbursement rates for services rendered, with a purchase price which does not exceed the rate charged to the provider's most favored customer; and
- Monitoring and renewing the contract, once drawn, on a periodic, on-going basis.

When the need for the services of a specific mental health service provider is limited, isolated or for a one-time use, however, it may not be cost effective for CP&P to enter into contract with the provider. Local Office Managers may approve the use of such mental health service providers.

If a provider refuses to enter into an open purchase contract with CP&P, regardless of the extent of the Division's demand for his services/specialty, use of the provider shall be on a strictly limited basis only, as an exception to policy/procedures. For court-ordered use of such providers, see below.

The advance, written approval of the Area Director is required before services may be purchased from a mental health service provider who is under qualified under this policy. Use of such a provider shall be as a last resort only.

Area Directors are responsible for monitoring use of all providers under contract with CP&P in their respective regions. See below when seeking to use an out-of-state provider.

LO Manager Approval Documented on SAR 2-28-94

Whenever CP&P pays for a mental health service, LO Manager approval is required, in writing. Use a Special Approval Request (SAR) form, CP&P Form [16-76](#). The SAR, completed by the Worker, approved by his Supervisor, and submitted to the Office Manager for approval to pay for the service, documents elements such as:

- The case plan;
- The specific mental health service(s) needed, and the identity of the family member(s) in need of those services (e.g., an evaluation or series of evaluations of the child and/or parent; individual, family, and/or marriage counseling/treatment; or a need for both treatment and evaluative services);
- A detailed explanation of the reason(s) why CP&P should pay for the mental health service, rather than the child's parent, privately held health insurance, or Medicaid. A budget may be attached to the SAR. See [CP&P-IX-F-1-225](#);
- The specific mental health service provider to be used;
- The identified provider's credentials to practice;
- The provider's rate of reimbursement for services rendered to a child/family sponsored by a public agency (i.e., CP&P);
- The length of time that the Division will pay for counseling services and the number of hours the service will be provided per week/session (Example: CP&P to pay for hour-long family counseling sessions on a weekly basis for a three month trial period);
- The reason(s) for using a provider who has not entered into an open purchase contract with CP&P, if applicable;
- The reason(s) for using an out-of-state provider, and that provider's credentials, if applicable;
- The name of the licensed psychologist who is supervising the provider (applicable when the provider holds a Ph.D. in psychology but is not yet licensed to practice).

If the mental health service or the use of a specific mental health service provider was court ordered, attach a copy of the court order to the SAR.

SAR to Allow Payment for an In-Depth Evaluation for Court 1-19-96

If an evaluation(s) will be in-depth, intended for court-related purposes, enter a statement attesting to this in the SAR. LO Manager approval is required to reimburse the provider(s) for services rendered.

CP&P policy makes a distinction between evaluations for court-related purposes vs. other, CPS or case planning purposes. A LO Manager is authorized to approve reimbursement for court-related evaluation preparation for up to 16 hours, maximum, per evaluation, per provider on the SAR. See [CP&P-IX-F-3-120](#). Any exception to the 16-hour limit requires written Area Director approval.

When completing the SAR, follow the guidelines in this policy, adding details to document the reason(s) for the in-depth evaluation, and why extended hours (up to 16 reimbursable hours) will be necessary to complete it:

- Indicate the type of court-related evaluation(s) needed; psychiatric, psychological, or both, and the reason why, as relevant to the given court proceeding/case history.
- Describe the evaluation needed, including who will participate in the process/be evaluated, and what the evaluation process may entail. (Example: Bonding evaluation. To conduct the in-depth evaluation, a psychologist will: observe child-parent interactions and child-resource parent interactions; interview/test the child, parent and resource parent, alone, in sub groups, etc., and write up observations, conclusions, recommendations.)
- State whether CP&P was ordered to pay for the evaluation.
- Identify the party or parties involved in the legal proceeding on whose behalf the evaluation(s) is being conducted:
 - CP&P (the DAG has requested the evaluation. CP&P identifies a provider following the guidelines in this policy);
 - The parent (his or her defense attorney requests the evaluation and identifies a provider to administer it. The court orders CP&P to pay for it); and/or
 - The interests of the child (a Law Guardian requests the evaluation. The court orders CP&P to pay for it).

Payment for Services

1-29-96

When a need has been identified for a parent, child and/or family to receive an evaluation and/or treatment, the service is paid for by the family, utilizing whatever health insurance coverage they have.

For cases in litigation, CP&P (through the DAG) advises the court of the client's private health insurance plan, if any. CP&P (through the DAG) encourages that the client's health insurance be utilized fully before CP&P pays toward any mental health service. CP&P may pay or the court may order CP&P to pay for a mental health service if:

- Family resources or Medicaid are not available;
- Community resources (e.g. community mental health center paid on a sliding scale basis) are non-existent or operating at full capacity;
- The family refuses to use their own resources; or
- It can be documented that a child's pre-existing/ongoing treatment/therapy would be negatively affected/hindered if the provider were to be changed.

LO Manager approval is required if CP&P is to pay for a mental health service.

When CP&P pays for services, the procedures for payment are clarified and explained to all concerned, including the service provider, the client, the DAG, the Law Guardian, the opposing counsel, and the court. This must be done before services begin, whenever possible.

Client Payments

1-19-96

Whenever a client has private health insurance and/or financial resources, he or she is responsible to pay for counseling and/or evaluations for himself, his child and/or his family. CP&P may assist by providing information and referral to appropriate and affordable practitioners in the community (e.g., local mental health centers, clinics, private practitioners with particular expertise).

When counseling and/or evaluations are court ordered, the court may order either the client or CP&P to pay for the service.

When a client claims he cannot afford to pay, refuses to pay, and/or refuses to use private health insurance for himself or his child, CP&P may assume responsibility for payment on a case-by-case basis. The LO Manager's approval is required. The client's refusal to pay and refusal to utilize private health insurance to pay, if available, and the reasons for these refusals are documented in the case record. A budget is drawn up at the LO reflecting the client's income and expenses, when necessary/at the request of the LO Manager. See [CP&P-IX-F-1-225](#).

When the Division is:

- Pursuing guardianship of a child;
- Engaged in a child protective services court proceeding; or
- Involved in a critical institutional abuse/neglect investigation, CP&P may pay for necessary evaluations and/or counseling services for the child, parent or family,

and/or substitute care provider(s), whether or not the parent agreed or had been asked to pay for the service.

Note: Ethical and legal considerations must take priority over fiscal considerations when determining who should pay for reports that may be used in court (e.g., whether the source of payment for an evaluation may affect or appear to affect the results of the evaluation/recommendations must be considered).

Medicaid Payments

1-19-96

If a parent or child is eligible for Medicaid through CP&P, the CWA or SSI, and Medicaid providers are available, the New Jersey Medicaid program should be the reimbursement method used.

Medicaid pays for only one psychological and one psychiatric evaluation within a calendar year for the same recipient by the same provider.

Medicaid pays for ongoing therapy up to \$900.00 per recipient per service year (from the date of the first service, continuing for one full year). Payment for all ongoing therapy over the \$900.00 limit requires prior authorization from the Medicaid Program. The therapist is responsible for arranging for the prior authorization by contacting the Medical Director's Office in the Division of Medical Assistance and Health Services.

Medicaid reimburses for services provided by practicing psychologists who are licensed by the New Jersey State Board of Psychological Examiners or by the comparable State agency in the state in which he practices. Medicaid does not reimburse social workers at this time, regardless of licensure. Community mental health centers, clinics and hospital out-patient programs under contract with the Division of Mental Health Services are eligible for Medicaid reimbursement.

Upon purchasing mental health services for clients on Medicaid, the CP&P Bureau of Revenue Development seeks reimbursement from the New Jersey Division of Medical Assistance and Health Services, when possible.

CP&P Payments

1-19-96

CP&P may pay for an evaluation and/or ongoing counseling for a child when the mental health service provider meets the qualifications established in this policy and:

- CP&P has determined (or the court has ordered) that the service is necessary to protect a child or serve permanency or case planning purposes; and/or
- The case is in litigation, necessitating an evaluation(s) and/or counseling. When determining whether CP&P should pay for a mental health service(s), consider the financial circumstances of the client by taking into account whether:

- The parent is able and willing to pay;
- The child is covered by private health insurance, and, if so, whether the parent is willing to allow that insurance to be used; and
- The child is eligible for Medicaid, and, if so, whether Medicaid providers are available to provide the needed service.

The availability of quality, effective community resources, particularly local mental health agencies offering services at reduced or no cost to clients, must be explored and ruled out before CP&P payment is made. Lack of Medicaid providers and other resources should be documented in the case record and brought to the attention of the RDS for follow up.

LO Manager approval is required on a Special Approval Request, CP&P Form [16-76](#), if CP&P is to pay for the service. Use a provider who has entered into an open purchase contract with CP&P, whenever possible.

CP&P may pay for psychological and/or psychiatric evaluations of parents when the credentials of the provider (evaluator) meet the qualifications below and:

- CP&P has determined (or the court has ordered) that the evaluation(s) is necessary to protect a child or serve permanency or case planning purposes; and/or
- The case is in litigation, necessitating an evaluation(s) and/or counseling. When determining whether CP&P should pay for a mental health service(s), consider the financial circumstances of the parent by taking into account whether:
 - The parent is able and willing to pay;
 - The parent is covered by private health insurance, and, if so, whether he or she is willing to allow that insurance to be used; and
 - The parent is eligible for Medicaid, and, if so, whether Medicaid providers are available to provide the needed service.

Community resources, particularly local mental health agencies offering services at reduced or no cost to clients, must be explored, ruled out and their unavailability documented in the case record before CP&P payment is made.

The approval of the LO Manager must be obtained if CP&P is to pay for the evaluation. Use the Special Approval Request, CP&P Form [16-76](#). Use a provider who has entered into an open purchase contract with CP&P, whenever possible.

CP&P does not pay for ongoing therapy for an adult unless:

- The service is vital for the protection of and/or the development of a permanency plan for the child, or
- It is specifically ordered by the court. All community resources must be explored, ruled out, and their unavailability documented in the case record before CP&P payment is made, unless the use of a specific provider is court ordered.

The approval of the LO Manager must be obtained prior to the provision/commencement of services, whether or not such services were court ordered. Use the Special Approval Request, CP&P Form [16-76](#).

The approval of the LO Manager is valid for up to six months. Subsequently the LO Manager may approve continuation of CP&P payments for counseling for an adult at intervals of three months, as necessary.

Consult the DAG if the court orders ongoing therapy for an adult but the LO Manager does not agree that the service is necessary to achieve the protective service and/or permanency goal.

Procedures

7-26-2010

LO Manager's approval is required whenever the Division pays for a mental health service (i.e., evaluation or treatment or both).

CP&P enters into open purchase contracts with mental health providers who serve CP&P families. Services are paid at the contracted rates using a CP&P Form [K-100](#), Client Service Invoice, when the provider is a "one-time" non-contracted provider of this service. If the Provider is a "contracted" provider, he or she includes this service on his or her monthly CP&P Form [K-100](#), Billing Spreadsheet, to the appropriate Local Office via the ["Secure Billing" process](#).

Bills will be returned, unpaid by the DCF Office of Accounting, unless there is an open purchase contract on file in the Office of Accounting, or the Special Approval Request, CP&P [Form 16-76](#), signed by the LO Manager, authorizes use of a vendor who is not under contract with the Division. Attach a copy of the order if the service or use of a specific provider is court ordered.

Procedures Related to Court Ordered Services

The Division complies with all Family Court orders, or seeks to have them changed, amended or vacated when they do not comply with CP&P philosophy, policy or resource availability, or oppose the case plan for a given child/family. If an order appears to be inappropriate, consult the DAG.

If CP&P is court ordered to use a specific mental health service provider who is not under contract with the Division, appropriate CP&P staff will:

- Contact the provider and ask whether he is interested in entering into an open purchase contract with the Division;
- Verify the provider's credentials in accordance with this policy;
- Consult with the DAG if the provider's credentials are insufficient or if CP&P questions the quality of his work.

Present specific reasons for challenging the use of a court ordered provider. (Division staff should be prepared to provide the name of a qualified provider, should the DAG seek to amend the order.)

CP&P pays for court ordered services at the prevailing Medicaid rate, if the provider is willing to accept that rate of payment. If the provider is not willing to accept the Medicaid rate, this fact is documented in the case record, and CP&P pays the provider in accordance with [CP&P-IX-F-3-120](#), "CP&P Rates for Psychological/Therapeutic Services." Payment issues are handled by the RDS, and resolved before the service is rendered, when possible. Any exception to these rates must be approved by the LO Manager on a Special Approval Request (SAR), CP&P Form [16-76](#).

In-depth evaluations may be prepared for court when CP&P initiates child protective services or termination of parental rights/guardianship petitions. In contested cases, the court may order that separate sets of evaluations be conducted by different mental health service providers on behalf of the opposing sides; one set for the plaintiff (CP&P), a second set for the defense (the parent), and, at times, a third set requested by the Law Guardian representing the interests of the child.

CP&P may be ordered to pay for all evaluations associated with a case before the court. See [CP&P-IX-F-3-120](#). Whenever possible, the DAG explores with the court other funding sources (e.g., the parent, privately held health insurance, etc.).

See [CP&P-II-C-7-100](#), Professional Witness Fees, regarding payments and travel compensation issued to providers who testify on behalf of the Division at court.

Note: Document in the case record any court ordered actions, payments, or service referrals initiated by CP&P which are contrary to this policy.

Federal Financial Participation Under Title XIX 2-21-97

CP&P claims Federal financial participation (FFP) when purchasing psychiatric and/or psychological services for clients who are Title XIX (Medicaid) recipients. When providing such mental health services to client families, CP&P strives to make as many claims for reimbursement as possible under this program. The service must be one for

which Medicaid reimburses, and the provider must meet Medicaid credential requirements for reimbursement. In addition, the New Jersey Division of Medical Assistance and Health Services (Medicaid) requires CP&P to certify that the psychiatrist or psychologist who provides the service is a "specialist" in treating abused and/or neglected children, their parents and families.

CP&P Form [11-28](#), Psychiatrist Certification, and CP&P Form [11-29](#), Psychologist Certification, serve to certify provider expertise. These forms are completed by psychiatrists, neurologists and psychologists when entering into open purchase contracts with the Division. See form instructions.

Once the service provider's expertise is documented, and he or she is designated by CP&P as a "specialist," CP&P Area Office Contract Unit staff register the provider in New Jersey SPIRIT.

Open Purchase Contracts with Mental Health Professionals 9-21-97

CP&P enters into open purchase contracts with the following mental health practitioners or service providers who are licensed by New Jersey examining boards, as specified by State statute:

- Psychologists who are licensed to practice in the State of New Jersey (N.J.S.A. 45:14B-1 et seq.);
- Licensed clinical social workers (as defined by the Social Worker's Licensing Act of 1991, N.J.S.A. 45:15B-1 et seq.);
- Licensed marriage and family therapists (N.J.S.A. 45:8B-1 et seq.);
- Licensed professional counselors (N.J.S.A. 45:8B-1 et seq.); and
- Licensed physicians who are board certified in psychiatry or neurology by a reputable board (N.J.S.A. 45:9-1 et seq.).

CP&P may also enter into contract with professional groups in which psychologists are employed who are not yet licensed, but who are in the process of acquiring the professional experience required to apply for the examination for licensure. The provider bills CP&P for these services under the name of the professional group. For CP&P to pay for services performed by a psychologist who is not yet licensed, such a provider must:

- Hold a Doctor of Philosophy (Ph.D.) degree in psychology from an accredited college or university (recognized by the State Board of Psychological Examiners); or

- Hold a doctoral degree in a closely allied field, recognized by the State Board of Psychological Examiners as being "substantially similar" or "equivalent to" a Ph.D. in psychology in accordance with N.J.S.A. 45:14B-17(a);
- Practice psychology as a member of a professional group; and
- Practice psychology/counseling and/or evaluative services, under the close supervision of a licensed psychologist from the professional group. (A minimum of two years full time, supervised professional employment is required for licensure under N.J.S.A. 45:14B-17(b)).

In addition, CP&P enters into contract with mental health service agencies or institutions, including psychiatric hospitals, outpatient clinics, and community mental health centers under contract with the N.J. Division of Mental Health Services, DMHS (formerly the Division of Mental Health and Hospitals; renamed January 10, 1995).

Credential Verification

1-29-96

The following CP&P staff verify mental health service provider credentials under this policy:

- Local Office (LO)/county administrative staff, when the need for the services of a specific mental health service provider is limited, isolated or for a one-time use (i.e., CP&P will not enter into an open purchase contract with the provider).
- LO/county administrative staff, when a provider, though adequately credentialed, refuses to enter into contract with CP&P, and thus is used on a limited basis only;
- LO/county administrative staff or Area Office Contract Unit staff, when there is an ongoing demand/need for the services of a specific mental health service provider, and CP&P is entering into an open purchase contract with the provider;
- Area Office Contract Unit staff, when a mental health service provider's contract comes up for renewal.

When verifying a mental health service provider's credentials, obtain a copy of his license to practice in New Jersey for CP&P files.

Contact the following boards to confirm that a provider's license to practice in New Jersey is current and valid, or proceed as indicated, when verifying a mental health service provider's credentials:

- For a psychologist, contact the State Board of Psychological Examiners at (201) 504-6470.

- For a licensed clinical social worker, contact the State Board of Social Work Examiners at (201) 504-6495.
- For a licensed marriage and family therapist, contact the Board of Marriage and Family Therapy Examiners at (201) 504-6415.
- For a licensed professional counselor contact the Board of Marriage and Family Therapy Examiners at (201) 504-6415.
- For private-for-profit professional groups/associations, each individual provider/associate in the group must be listed in the contract, and his credentials verified in accordance with this policy, if CP&P is to pay for services.
- For a mental health center, consult the Division of Mental Health Services' Directory of Mental Health Services, a listing of mental health agencies which have contracted with DMHS. Booklets which comprise the Directory are available in LO resource files. An agency's inclusion in the Directory serves as verification of the agency's credentials, as it indicates that DMHS found that the agency's staff and programs (or a specific program/service provided by the agency) meet the requirements of the rules and regulations which govern community mental health services and State aid, pursuant to N.J.S.A. 30:9A-1 to N.J.S.A. 30:9A-11.

If an agency does not appear in the Directory:

- Call the DMHS, Office of Quality Assurance at (609) 777-0755 for an explanation (e.g., agency is unknown to DMHS, staff failed to meet minimum requirements under the statute, agency declined entering into contract with the State); and/or
- Seek verification of the credentials of the individual mental health agency provider and/or the head of the service program, in accordance with the rules promulgated in this policy.

To confirm the credentials/licensure of a psychiatrist, requires these steps:

- Contact the State Board of Medical Examiners at (609) 826-7100, to confirm that the provider is a Medical Doctor (MD) or Doctor of Osteopathy (DO), in good standing, with a valid, active license to practice medicine in New Jersey; then
- contact the American Board of Medical Specialties (ABMS) at 1-800-776-2378, to determine whether the provider is certified as a "specialist" -- i.e., a psychiatrist. (The ABMS oversees 24 individual medical specialty certification boards nationwide, including the American Board of Psychiatry and Neurology. The certification line, above, is a toll-free service available to the public, to verify the credentials of providers who are certified by any of the 24 different boards.)

- If a provider claims he is certified as a psychiatrist by another board or association, contact the ABMS to determine whether that board/association is reputable. If the board/association is not reputable/recognized by the ABMS, do not use the provider, as his credentials are unacceptable.
- If the board/association is reputable/recognized by the ABMS, proceed with contacting that board/association to confirm the provider's certification.

When CP&P seeks to use the services of a psychologist who is not yet licensed, three procedures must be followed:

- Obtain a copy of the provider's doctoral degree or complete graduate school transcript;
- Obtain a letter/documentation from the licensed psychologist/professional group supervising the provider, attesting to this professional arrangement;
- Contact the State Board of Psychological Examiners at (201) 504-6470, to Ascertain whether the graduate school program is recognized by the State Board of Psychological Examiners;
- Confirm that the supervising psychologist holds a valid license to practice psychology in New Jersey or another jurisdiction.
- Forward documents that confirm provider credentials - e.g., copy of license to practice, proof of post graduate degree, reference letters, documentation of phone contacts made to licensing boards, etc., to the RDS, who is responsible for inserting this information into the local mental health service resource/provider information file.

Use of Providers Who Decline Contracting with CP&P 1-29-96

LO Managers may approve the use of mental health service providers who decline entering into open purchase contract with CP&P, provided that:

- The provider meets the credentials for an open purchase contract with CP&P;
- no other provider is available in the community, qualified, or as qualified to provide the needed service; or
- counseling/treatment for the specific child/ family started prior to Division intervention/the opening of the case; and
- it can be clearly documented that the child/family would be adversely affected if treatment was terminated and/or a new provider initiated treatment; and

- the provider is not to be used for new referrals until or at such time as he enters into an open purchase contract with the Division; or
- CP&P is court ordered to accept the services of a specific provider for a specific child, parent, or family.

Use of Out-of-State Providers

2-28-94

CP&P may pay for the services rendered by an out-of-state mental health services provider/program only when:

- The provider's credentials meet or exceed New Jersey licensing criteria, whether or not the provider is licensed/certified to practice in his home state. (Contact N.J. licensing boards listed in this policy to inquire whether the specific state's qualification requirements are consistent with the requirements imposed by New Jersey.)

Applicable in situations in which a child -- at home or in substitute care -- resides in New Jersey in a community that borders another state, and receives treatment from a provider in that neighboring state.

Documentation of the out-of-state provider's credentials is required. What constitutes sufficient documentation, however, is dependent on the credential requirements imposed by the provider's home state, compared to requirements imposed by New Jersey.

If that state's licensing requirements equal or exceed New Jersey's requirements, proof of a license would be sufficient. If licensing requirements are less than the requirements imposed by New Jersey, then additional documentation would be required to establish that the provider's credentials satisfy New Jersey requirements. Documentation of the out-of-state provider's credentials might include:

- A copy of the provider's license to practice in his state of residence/practice;
- A copy of the provider's complete transcript and/or graduate degree (proof of attendance at a college/university recognized by New Jersey boards);
- A written statement by the provider's mentor attesting to the extent of the provider's supervised experience (practice/field training under the supervision of a licensed professional in the provider's respective mental health service field); and/or
- Professional reference letter(s).

When counseling services are rendered to a New Jersey child residing in a substitute care setting out of state by an out-of-state provider, licensed to practice in that state,

who does not accept New Jersey Medicaid (e.g., to pay for counseling for a foster child who has relocated to another state with his substitute family), whenever possible, the provider is paid the New Jersey Medicaid rate. This will also apply when:

- A New Jersey child is in a residential treatment center which is located out of state, and treatment is rendered by a mental health professional employed or utilized by, or a program under the auspices of that residential program for its residents;
- in situations in which a New Jersey child, in an out-of-state residential treatment center, receives treatment and services from/through that center while residing at that center.

Credential Requirements for Psychiatric and Psychological Evaluators 1-29-96

CP&P uses psychiatric/psychological evaluative/assessment materials for various case practice purposes, including but not limited to:

- Child protective services purposes (e.g., to confirm a finding of emotional abuse);
- Service assessment and case planning purposes;
- Out-of-home placement planning, particularly residential placement planning;
- Permanency and/or adoption case planning; and
- Formulating the basis for expert testimony, and/or presented as evidence in support of CP&P in a case in litigation, including guardianship petitions.

In order for a psychological evaluation to be recognized as valid and useful to CP&P and/or admissible as evidence or the basis for expert testimony in a court of law in New Jersey, the professional performing the evaluation must:

- be licensed as a psychologist by the New Jersey Board of Psychological Examiners or supervised by a licensed psychologist; or
- have credentials which are comparable to the credentials required by the New Jersey Board of Psychological Examiners for licensure in New Jersey (applicable to out-of-state providers); and
- possess a doctoral degree from a college or university which is accredited by either the New Jersey State Board of Education or recognized by the State Board of Psychological Examiners.

Individuals who perform psychological evaluations on behalf of CP&P must have one of the following doctoral degrees:

- Ph.D. (Doctor of Philosophy in Psychology);
- Psy.D. (Doctor of Psychology); or
- Ed.D. (Doctor of Education in Psychology).

Out-of-state psychologists must have credentials which are comparable to or exceed New Jersey requirements. When a psychologist (Ph.D.) who is not yet licensed conducts a psychological evaluation for CP&P, the following guidelines apply:

- Both the provider and his supervisor (a licensed psychologist as per this policy) must share responsibility for the evaluation: Both the provider and the supervisor must sign the written evaluation/report;
- The supervisor must be willing and able to testify in court as to the interpretation of the evaluation, if such expert witness testimony becomes necessary (the non-licensed provider is under qualified to testify); and
- CP&P will reimburse only one service provider for services rendered -- the psychologist who is not yet licensed or his supervisor/the professional group practice, not both.

Only medical doctors or doctors of osteopathy, licensed by the New Jersey Board of Medical Examiners and certified as psychiatrists or neurologists, may be hired to perform psychiatric evaluations/interviews on behalf of the Division. Out-of-state providers must have credentials which are comparable to or exceed New Jersey requirements.

Consult the DAG about submitting psychiatric/ psychological evaluative/assessment materials for use as evidence at court. No exceptions to this policy on evaluator credential requirements will be granted.

Credential Requirements for Ongoing Treatment Service Providers 1-19-96

To obtain ongoing mental health treatment services for client families (i.e., counseling, therapy), CP&P enters into open purchase contracts with mental health service providers as delineated in this policy. When a psychologist (Ph.D.) who is not yet licensed provides the counseling services on behalf of CP&P, the following guidelines apply:

- Both the provider and his supervisor (a licensed psychologist) must share responsibility for the quality of the service: both must sign all written

treatment/progress reports to document that they both concur with the specifics and conclusions expressed in the reports; and

- CP&P will reimburse only one service provider for services rendered - the psychologist who is not yet licensed or his supervisor/the professional group practice, not both.

To utilize ongoing services of mental health professionals/specialists in private practice who are certified or licensed by certification boards but who do not fall within the provider categories listed in this policy, such as certified substance abuse counselors, sexuality counselors, etc. -- requires the approval of the Area Director. Area Office contract staff proceed as follows:

- Ask the provider to produce his license or certificate to practice his mental health specialty. Place a copy of the license/certificate in the provider's file.
- Contact the certification board that oversees certifications or licensure within the given discipline. (If necessary, ask the provider to identify the certification board.) Seek the following information about certification/ licensure:
 - Education level/degree or equivalent required;
 - Extent and type of training/supervision by a licensed or certified practitioner required;
 - Types of services provided by the mental health specialist (e.g., grief counseling, eating disorder counseling, hypnosis).
- Ask the board to confirm that the identified provider's certificate or license is current, and that he is in good standing in his field.
- If the provider's credentials, or the validity of the certification board, are in question, seek all verifications in writing. Make further inquiries, as necessary.

See "CP&P Rates for Psychological/Therapeutic Services," [CP&P-IX-F-3-120](#) for reimbursement rates.

Appointments Missed Without Cancellation - Overview 3-10-95

Many mental health practitioners demand payment from their clients for appointments missed without cancellation, claiming that the time which was set aside for these appointments is lost, and thus income is lost.

This policy was written to enable CP&P to provide limited compensation to mental health service providers -- in one hour time blocks -- when CP&P clients miss counseling, therapy or evaluation appointments without prior notice of cancellation.

Policy further serves to sensitize various parties -- defense attorneys, law guardians, CP&P field staff, and mental health service providers themselves -- as to the need to assist clients, as necessary, to ensure that appointments are not only made, but kept.

Missed appointments without cancellation put a fiscal burden on the Division, and adversely affect children and families as well. One, or a series of missed appointments, particularly appointments for court ordered evaluations, may result in a serious delay in case planning, permanency, service implementation, and, ultimately, the achievement of a case goal (family reunification, adoption, etc.).

Some clients may cancel therapy/counseling appointments or fail to appear due to progress in treatment, e.g., to avoid discussing a particularly painful subject. Other clients may resist treatment due to concerns about the quality of care provided, or the conduct of the provider. When a client begins canceling appointments, with or without notice, the Worker consults with the provider and the client in an attempt to determine whether there is a therapeutic reason for the cancellations/resistance to treatment.

An informed decision whether to terminate therapy, support the client through a rough period in treatment, or change providers may then be made by the Worker and his Supervisor.

Reimbursement Guidelines

3-10-95

Procedures for reimbursement, bill processing, and the rate paid for appointments missed without cancellation are written in every open purchase contract between mental health service providers and CP&P prior to the execution or renewal of such contracts. Following are guidelines for appointments missed without cancellation:

- CP&P may reimburse mental health service providers for up to two (2) therapy/counseling appointments missed without prior notice of cancellation per client family member per fiscal year.
- CP&P may reimburse mental health service providers for up to two (2) evaluation appointments missed without cancellation per client family member.
- CP&P reimbursement for appointments missed without cancellation shall be in accordance with the provider's hourly fee for services to CP&P clients, or at a rate of \$45.00 per hour, whichever is lower.
- The written authorization of the LO Manager/designee is required to pay a provider for a missed appointment. Use a Special Approval Request, CP&P Form [16-76](#).
- CP&P will not pay for appointments missed if the client cancels the appointment by notifying the provider at least 24 hours before the appointment.

- When a CP&P case plan indicates a need for mental health services, the written plan should clearly state the client's responsibility to make and keep appointments. The plan should indicate that the client must give the provider at least 24 hours advance notice when canceling an appointment.
- If a provider is to be paid for a missed appointment without cancellation, he must advise CP&P, in writing, within five (5) working days of the missed appointment. The provider should attach any proof of the scheduling of the appointment to the letter to CP&P, if available (e.g., a copy of appointment letter).
- Upon notification of a missed appointment, the Worker contacts the client to reinforce his commitment to the case plan, ([CP&P-III-C-2-150](#)), or court order, determine why the client failed to notify the provider of the cancellation, introduce remedies to insure future appointments will not be missed, and to remind the client of his responsibility to give proper notice to the practitioner if he cannot keep an appointment.
- Providers are likewise encouraged to advise CP&P when a client begins to show a pattern of canceled appointments with notice.
- The Worker is responsible for contacting the client in an attempt to determine why appointments are being missed, and to sensitize him to the need to be evaluated, or to attend counseling on a regularly scheduled basis. (A series of canceled appointments may lead to termination of treatment by a mental health practitioner).
- The Worker documents missed appointments without cancellation in the case record.
- CP&P does not pay when a provider cancels an appointment, with or without notice. If a pattern develops in which a provider repeatedly cancels appointments, the Worker helps the client to identify a new provider, and makes the service referral, as appropriate.

Reimbursement Guidelines for Missed Court Ordered Appointments 1-29-96

Following are procedures when two (2) court ordered appointments as counseling/therapy or evaluations are missed without prior notice of cancellation. The Worker notifies the DAG; and The DAG notifies the court of:

- The client's violation of the court order by failing to keep the counseling/therapy or evaluation appointments;
- The Division's policy on Rates of Payment for the Purchase of Social Services, [CP&P-IX-F-3-120](#).

- The Division's policy on limiting reimbursement for missed appointments without cancellation; and
- The need for a new court order, if an additional appointment(s) is to be scheduled for the client(s) and paid for by CP&P.

Reimbursement to Medicaid Providers

3-10-95

Medicaid does not reimburse for appointments missed without cancellation. However, when the CP&P case plan calls for a client to attend counseling, regardless of whether CP&P or Medicaid is the payer for the service, if the client misses an appointment without cancellation, CP&P may pay for that appointment when payment is necessary to maintain the client in treatment/keep the weekly appointment available for the client. To be paid, however, the provider must enter into a service contract with CP&P or the service must be court ordered.

CP&P may reimburse a Medicaid provider for up to two (2) missed appointments per State fiscal year, in accordance with the tenets of this policy.

Procedures Related to Mental Health Services Paid by Medicaid 3-10-95

RESPONSIBILITY	ACTION REQUIRED
Worker	1. Verify that the client is enrolled in the Medicaid Program.
	2. Determine the Medicaid Provider who will furnish mental health services
	3. For counseling services, use the CP&P Form 26-81 , Family Summary/case plan with the client, indicating his responsibility/commitment to attend counseling
Medicaid Provider	4. Provide the service.
	5. Submit bill to Division of Medical Assistance and Health Services (Medicaid) for payment.
	6. If it is anticipated that the costs of ongoing therapy will exceed \$900 for the service year, contact the Medical Director's Office, Division of Medical Assistance and Health Services, for prior authorization for payment for services rendered.
Division of Medical Assistance and Health Services (N.J. Medicaid)	7. Pay Medicaid provider.

Medical Director's Office, Division of Medical Assistance and Health Services	8. Review/approve/disapprove therapist's request for authorization to exceed \$900 service year reimbursement cap for services to be rendered.
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Procedures Related to Mental Health Services Paid by CP&P through a Service Contract

RESPONSIBILITY	ACTION REQUIRED
Worker and Client/Family	1. Identify a mental health service need for the child, parent, and/or family.
Worker/Supervisor	2. Determine the service and type provider needed.
	3. Discuss the identified service.
Worker and Client/Family	4. Secure client cooperation with efforts to obtain and ultimately utilize the identified mental health service.
Worker	5. Determine whether the client has received the service in the past, his reaction to/any benefits from that service, identify the provider of that service, and consider whether the client should resume treatment with that provider.
	6. Determine whether the client is on Medicaid or has private health insurance.
	7. Determine whether the client is otherwise able and/or willing to pay for the service.
Worker and Resource Development Specialist	8. Consult to determine whether a Medicaid provider can effectively address the service need. If a Medicaid provider is identified and the client is eligible for Medicaid, follow procedure in this policy. If a Medicaid provider is not available or if the client is not eligible for Medicaid, proceed to the following step.
	9. Identify a skilled mental health provider whose credentials are in

	accordance with this policy who has worked effectively with CP&P and/or the client family previously. Consult the Regional Contract Unit for assistance, if necessary.
Worker	10. Determine whether the provider can be paid on a sliding scale basis. Determine whether the client's private medical insurance and/or the client, personally, will pay for the service, based on the sliding scale. If so, proceed to step 15, and then proceed no further (as the client, rather than CP&P, will pay for the mental health service).
	11. If the client has no resources, no health insurance, or cannot/ will not pay for the service, and the provider has not entered into an open purchase contract with CP&P, ascertain whether the provider is willing to do so. If yes, advise the designated staff member at the LO/Area Office Contract Administration Unit of the need to initiate a contract.
	11a. If the provider is under contract with CP&P, proceed to step 13.
Designated Staff Member (at Area Office Contract Administration Unit, LO)	12. Verify the provider's credentials. Obtain a copy of the provider's doctoral degree, license to practice, etc.
Worker/Supervisor	13. Submit CP&P Form 16-76 , Special Approval Request, to LO Manager, describing the need for the service, the necessity for CP&P to pay for it, the provider's credentials, and whether the provider is new or under contract with CP&P. Refer the client for a budget, if necessary.
LO Manager	14. Approve or disapprove the request on the SAR.
Worker	15. Use CP&P Form 26-81 , Family Summary/Case Plan, with the client indicating his responsibility to attend counseling/therapy. Include in the

	agreement that the client must give the provider 24 hours advance notice when canceling an appointment. Follow up, as necessary, to ensure the case plan is followed.
LO Manager or Designee	16. Upon approving the SAR, contact the Regional Contract Administration Unit. Inquire whether there is an existing open purchase contract between CP&P and the provider.
	17. If there is an ongoing need for the provider's services, request that a contract be negotiated.
	18. Reaffirm that an existing contract is in force. Verify or reaffirm the Administration Unit provider's credentials.
	19. In the absence of a contract, develop an open purchase contract with the provider in accordance with CP&P contracting policy and procedures.
	20. Forward forms to the provider to enhance CP&P Federal financial participation claiming.
	20a. For a psychiatrist or a neurologist, forward Psychiatrist Certification, CP&P Form 11-28 .
	20b. For a psychologist, forward Psychologist Certification, CP&P Form 11-29 .
Service Provider, (Psychiatrist, Neurologist, or Psychologist)	21. Complete CP&P Form 11-28 or CP&P Form 11-29 , as applicable, to certify expertise in treating abused and/or neglected children, their parents and families.
Regional Contract, Administration Unit	22. Register provider in NJS, as:
	<ul style="list-style-type: none"> - Psychiatrists or neurologists certified as "experts;" - Psychologists certified as "experts."
Service Provider	23. Provide mental health services.
	24. Submit to the Local Office for payment the CP&P Form K-100 , Client Service Invoice, if a "one-time" non-contracted provider, or invoices

	on the monthly CP&P Form K-100 , Billing Spreadsheet, if a “contracted” provider through the “Secure Billing” process . For ongoing services (e.g., counseling), submit bills on a monthly basis.
LO Billing Clerk	25. Check provider's name against approved vendors' list in the LO/County.
LO Billing Clerk, Worker/Supervisor	26. Process CP&P Form K-100 , Client Service Invoice, in accordance with form instructions, or the CP&P Form K-100 , Billing Spreadsheet, via the instructions on the “Secure Billing” process .
Office of Accounting	27. Process provider's claim for payment.
Regional Contract, Administration Unit	28. Notify the LO 5 months before the open purchase contract is due to expire. Advise that the LO must notify the Regional Contract Administration Unit if the contract is to be renewed (i.e., if the LO fails to notify the Regional Contract Administration Unit, the contract will expire).
LO Manager or Designee	29. Advise the Regional Contract Administration Unit 90 days before the open purchase contract is due to expire as to whether the provider’s services are still needed, and thus whether the contract should be renewed.
Regional Contract, Administration Unit	30. At time of renewal, again verify the provider's credentials/good standing and proceed with renewal of the open purchase contract in accordance with CP&P contracting policy and procedures.
	31. If the provider (psychologist) has obtained a license to practice since the contract was last negotiated, update the file to reflect licensure. Ensure that the LO and/or county operations updates its approved vendor list to reflect this change in

	the vendor's classification.
	32. Update NJS, as appropriate.

Procedures Related to SAR Processing 2-21-97

RESPONSIBILITY	ACTION REQUIRED
Worker	1. Determine the need for CP&P to pay for a mental health service.
	1a. For a service referral, consult the RDS to identify a duly credentialed provider under contract with CP&P.
	1b. Contact providers identified by the RDS. Refer child/family to an appropriate provider. (If CP&P has an open purchase contract with the provider, proceed to step 4.)
Designated Staff Member at Regional Contract Unit, LO	2. Verify the provider's credentials. Request documentation of a doctoral degree, a copy of the license to practice, etc.
Worker	3. When applicable, determine that the case situation meets the criteria for an exception to policy (i.e., the case merits use of a provider who has not entered into contract with CP&P or use of an out-of-state provider).
	4. Complete a Special Approval Request, CP&P Form 16-76 , which documents:
	- The case plan, and how the mental health service will reinforce the case plan;
	- The specific mental health service needed (treatment, evaluative, or both), and the identity of family members who will receive services;
	- Whether an evaluation(s) is intended for general case planning purposes (reimbursement allowed for 6 hours to complete a psychological evaluation, 4 hours to complete a psychiatric evaluation) or for court-related

	<p>purposes (reimbursement allowed for up to 16 hours for either type evaluation. See CP&P-IX-F-3-120);</p>
	<ul style="list-style-type: none"> - An explanation of why CP&P should pay for the service, rather than the parent, the family's private health insurance, or Medicaid. (Attach a budget to the SAR, if requested by the Office Manager);
	<ul style="list-style-type: none"> - The specific service provider to be used;
	<ul style="list-style-type: none"> - The identified provider's credentials to practice in New Jersey;
	<ul style="list-style-type: none"> - The provider's reimbursement rate for services to CP&P clients;
	<ul style="list-style-type: none"> - The length of time that the Division will provide/pay for counseling, if applicable, and the number of hours counseling will be provided per week/session;
	<ul style="list-style-type: none"> - The reason for using a provider who has not entered into an open purchase contract with CP&P, if applicable;
	<ul style="list-style-type: none"> - the reason for using an out-of-state provider and his credentials, if applicable; and
	<ul style="list-style-type: none"> - The name of the licensed psychologist who is supervising the provider (if the provider is a psychologist (Ph.D.) who is not yet licensed).
Supervisor	5. Review and approve SAR. Forward SAR to LO Manager.
LO Manager Designee	6. Review SAR.
	6a. See above, for exceptional approvals that may be granted by an Office Manager.
	6b. See above, when approving a court ordered service.

	6c. Seek approval of the Area Director if the provider is under qualified according to policy, or a "specialist." See above.
	7. Adjust the length of time CP&P will provide/pay for counseling services, if appropriate.
	8. Indicate a special rate of payment, if appropriate.
	9. Approve or deny approval of the SAR.
	10. Forward copy of SAR to LO "tickler file" for follow up, as necessary, based on the expiration date of the SAR.
	11. Forward copy of SAR to RDS.
Resource Development Specialist	12. Monitor use of mental health service providers by LO field staff.
	13. Initiate/continue efforts to recruit credentialed mental health service professionals who are willing to enter into contract and work with Division clients and staff.

Related Forms & Cites

CP&P Form [11-28](#), Psychiatrist Certification
 CP&P Form [11-29](#), Psychologist Certification
 CP&P Form [16-76](#), Special Approval Request (SAR)
 CP&P Form [26-81](#), Family Summary Case Plan
 CP&P Form [K-100](#), Client Service Invoice
 CP&P Form [K-100](#), Billing Spreadsheet
 N.J.S.A. 30: 9A-1-11
 N.J.S.A. 30: 9A-11
 N.J.S.A. 45: 8B-1
 N.J.S.A. 45: 9-1
 N.J.S.A. 45:14B-1
 N.J.S.A. 45: 15B-1